



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name _____ Date of Birth _____ Gender: _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home (____) _____ Work (____) _____

Mother's Name _____ Home (____) _____ Work (____) _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home (____) _____ Work (____) _____

Name _____ Home (____) _____ Work (____) _____

Allergies _____

Other Medical Conditions _____

Player's Physician _____ Home (____) _____ Work (____) _____

Medical and/or Hospital Insurance Company _____ Phone (____) _____

Policy Holder _____ Policy Number _____ Group # _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of illness or injury, and in consideration for the US Youth Soccer and members of the US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date